



# State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/20/2009

Business ID: 23587

William M. Gardner

Secretary of State

YANKEE PUBLISHING INCORPORATED

P.O. BOX 520

DUBLIN, NH 03444

ADDRESS OF PRINCIPAL OFFICE:

1121 MAIN ST

DUBLIN, NH 03444

REGISTERED AGENT AND OFFICE:

JAMES TROWBRIDGE

MAIN ST , PO BOX 520

DUBLIN, NH 03444

ENTITY TYPE: CORPORATION

BUSINESS ID: 23587

STATE OF DOMICILE: NEW HAMPSHIRE

MAGAZINE PUBLISHING (1997 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. James Trowbridge

STREET 1121 Main Street

CITY/STATE/ZIP Dublin Nh 03444

TREAS. Linda Anne Snow

STREET 1121 Main Street

CITY/STATE/ZIP Dublin Nh 03444

V-PRES. Sherin Wight

STREET 1121 Main Street

CITY/STATE/ZIP Dublin NH 03444

V-PRES. Jody S Bugbee

STREET 1121 Main Street

CITY/STATE/ZIP Dublin Nh 03444

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Judson D. Hale Sr

STREET 520 Main Street

CITY/STATE/ZIP Dublin Nh 03444

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Linda Anne Snow

Please print name and title of signer:

Linda Anne Snow

/

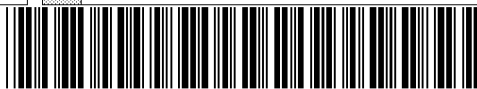
TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



2358720091007

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REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

# 2009 ANNUAL REPORT

## NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

### VICE PRESIDENT

BROOK HOLMBERG

1121 MAIN STREET

DUBLIN, NH 03444